

Start Well Program Evaluation Report

Fiscal Year 2022-23



Start Well
Infant/Early Childhood
Mental Health Consultation

PREPARED BY



**CHARITABLE
VENTURES**

ACKNOWLEDGEMENTS



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EXECUTIVE SUMMARY



Start Well's vision is that all young children in Orange County have healthy social and emotional development and access to early mental health supports. To achieve this, Start Well provides Infant/Early Childhood Mental Health Consultation (IECMHC) in Early Care and Education (ECE) settings at one or more of the following levels: system program, classroom, or individual child and family.

Start Well's program objectives include:

1. ECE providers deliver research-based practices which promote children's social and emotional development, prevent challenging behaviors, and identify early mental health needs.
2. Parents and ECE providers have a strong responsive relationship with each other to support the social and emotional development and mental well-being of children.
3. Parents understand social and emotional development and can support their children's mental health needs.
4. Children have access to responsive adults in a nurturing environment to develop their resiliency.
5. The systems that support children are more closely integrated and linked.

This report provides information about participating sites in FY 2022-23 as captured in Start Well's QuickBase database. Using the Results-Based Accountability™ framework, this evaluation documents and measures Start Well's efforts and impacts by answering the following questions:

- How much did Start Well do?
- How well did Start Well do it?
- Are children better off as a result of Start Well?

How much did Start Well do?

During FY 2022-23, 47 sites were enrolled in the Start Well program and 858 providers and staff participated in services.

- More than 6,800 children from over 5,500 families benefitted from services either directly or indirectly.
- Most providers and teachers were between 26-59 years old, spoke English as the primary language and were White/Caucasian.
- A plurality of the sites enrolled in Start Well in FY 2022-23 were private preschool programs (43%) followed by school district-based preschool programs (24%) and Family Child Care Homes (22%).
- The city of Anaheim had the highest number of new enrollments (19%) followed by Santa Ana (13%).



- More than 2,100 consultations were provided, with more than 2,500 hours of consultation services.

How well did Start Well do it?

- Overall, ECE providers increased their understanding of children's social-emotional development and mental health. Between pre and post surveys/assessments, there was improvement in:
 - Providers and teachers working with a team to develop a plan for addressing behavior.
 - Providers' confidence in promoting a positive classroom climate.
 - Sites having procedures in place for responding to crisis situations.
 - Teachers knowing how and when to initiate the behavior support planning process.
 - Participants being better able to identify and refer children who may have additional needs, including resources of where to refer families, and more confidence in referring children who may need more support.
 - Providers feeling more confident talking with families about their children's challenging behaviors.
- From the parents' perspective:
 - All the parents who responded to the post-survey agreed that their child's teacher(s) were well-equipped to handle challenging behavior.
 - Almost all parents agree that the ECE staff respect and value parent knowledge about their child and their experience as a parent.
 - Almost two-thirds of parents strongly agreed that the activities and materials at their child's center were reflective of their culture.
- Each of the Early Childhood Benchmark of Quality's (EC - BoQ) seven critical areas saw improvement from before receiving IEMHC services to after receiving services.

Are children better off as a result of Start Well?

Overall, children appear to be better off as a result of their ECE site's participation in Start Well.

- From before to after receiving IEMHC services, there was a reduction (improvement) in the:
 - Proportion of children whose providers indicated were engaged in ongoing, persistent and challenging behavior.
 - Frequency of providers calling families to pick up their child due to persistent, challenging behaviors.
 - Frequency of administrators being called in to assist a staff member with a student displaying challenging behavior.
- All four child outcome areas showed improvement in scores.



Recommendations: The following recommendations are based on areas in this report that had lower scores.

Referrals:

- Engage teachers to provide them with information about knowing about community resources and ways to refer families with children with challenging behaviors.
- Support teachers so that they can work with families to inform them of community resources to support their child’s social and emotional development.

Understanding Social and Emotional Development:

- Support teachers in understanding mental health and behavioral issues in young children.
- Where appropriate, work with teachers so that they can then work with parents in learning about ways to support their child’s social and emotional development.

Teaching Pyramid model:

- Support sites in soliciting staff and family input prior to adopting Teaching Pyramid model.
- Support sites in sharing information with families regarding the Teaching Pyramid model.
- Support sites in exploring ways for the Behavioral Support Team to meet at least monthly, develop a written action plan, and support adoption of the Teaching Pyramid model.



OVERVIEW OF START WELL



Start Well's vision is that all young children in Orange County have healthy social and emotional development and access to early mental health supports. To achieve this, Start Well provides Infant/Early Childhood Mental Health Consultation (IECMHC) in Early Care and Education (ECE) settings. IECMHC improves children's social and emotional development by building the problem-solving and capacity skills of *adults* working with children.¹ IECMHC helps providers promote children's social and emotional development, prevent challenging behaviors, and identify early mental health issues. According to the work of Cohen and Kaufmann², IECMHC is a problem-solving and capacity-building intervention implemented within a collaborative relationship between an IECMHC consultant, ECE providers and teachers. IECMHC aims to improve the ability of staff, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems among children. For the purposes of this report, providers refer to a director/assistant director/owner/administrator/leader of an early learning program (the person in charge of the program and working directly with the teachers) and teachers refer to a lead teacher, assistant teacher, teacher's aide (anyone working directly with children). Family Child Care Home (FCCH) providers are most often the owner/director and teacher and therefore are referred to as FCCH Providers.

IECMHC consultation services occur at the system level, program level, classroom level, and/or child/family level and include the following activities: consultation, technical assistance, practice-based coaching, direct observation, referrals, education, reflection, and follow-up support which indirectly impact all of the children in their care.

Start Well uses the School Based Model for Early Childhood Mental Health Consultation Services published by Georgetown University's Center for Child and Human Development.³ Each program moves through a six-step process facilitated by an IECMH Consultant using the *Consultative Stance*, which builds a collaborative relationship between the consultant and the consultee to explore and identify how the quality of the consultee's relationship with the children in her care directly impacts her ability to provide a safe and stable environment for all children to grow and develop.⁴

The consultant and consultee work in tandem through a series of steps and activities.

¹ Mathis, Erin & Hartz, K. & Berkowitz, Megan & Carlson, A. & Kimport, R. & Brown, C. & Biel, Matthew & Domitrovich, Celene. (2022). Using Early Childhood Mental Health Consultation to Facilitate the Social-Emotional Competence and School Readiness of Preschool Children in Marginalized Communities. *School Mental Health*, 14, 1-16. 10.1007/s12310-021-09486-y.

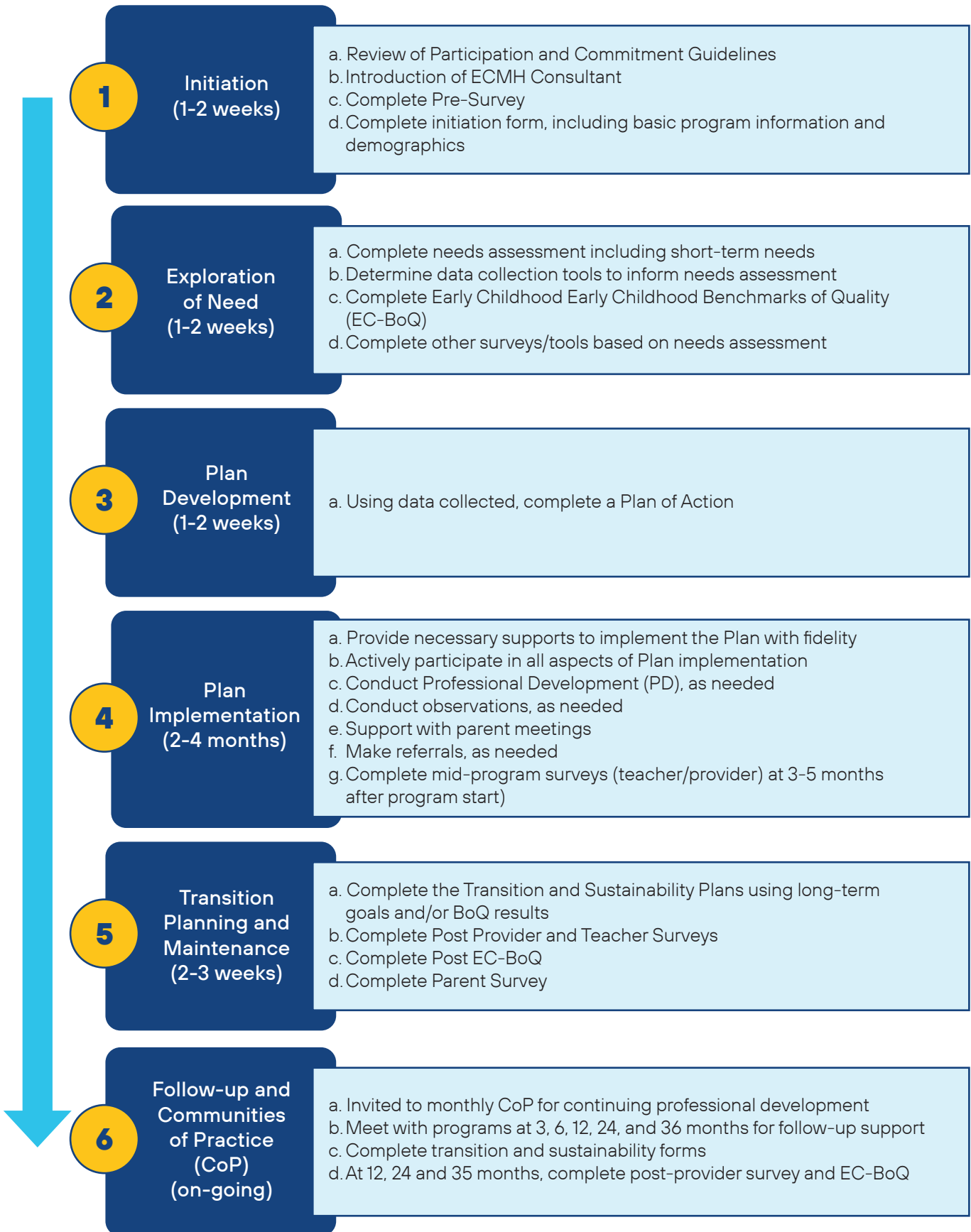
² Cohen, E. & Kaufmann, R.K. (2000). Early childhood mental health consultation. DHHS Pub. No. CMHS-SVP0151. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. <https://store.samhsa.gov/product/SVP05-0151>

³ The Georgetown Model of Early Childhood Mental Health Consultation for School-Based Settings. Center for Child and Human Development, 2016. https://gucchd.georgetown.edu/products/FCC_SB%20ECMHC%20Manual.pdf

⁴ Johnston, K., & Brinamen, C. F. (2006). Mental health consultation in child care: Transforming relationships among directors, staff, and families. Washington, DC: Zero to Three. Johnston, K., & Brinamen, C. F. (2010). The consultation relationship—From transactional to transformative: Hypothesizing about the nature of change. *Infant Mental Health Journal*, 33(3).



Figure 1: Start Well Program Six-Step Process and Activities



Consultation Services

Start Well provides consultation services at one or more of the following levels: system program-wide, classroom, or individual child and family. Consultants log each interaction with a program in the data system and categorize their consultation visits as defined below:

- a. System consultation includes the six-step process of IECMHC regarding fidelity of practice, sustainability, transition, strategic planning, program wide goal setting, program/site planning, which impact all levels of care (see Figure 1);
- b. Consultation services at the program level include meetings with providers and staff regarding programmatic practices such as the Pyramid Model practices for promoting social and emotional development and preventing challenging behaviors at the program level;
- c. Consultation services at the classroom level include general classroom observations, meetings with staff to discuss classroom management, environment, practice-based coaching sessions; and
- d. Consultation services at the individual child level include observing specific children, providing support for individual children, supporting individualized behavior support plans, discussing individual children/families and/or screening and assessment of individual children, meeting with parents and staff regarding individual children, modeling of best practices, or general support to improve social and emotional development of children and prevent challenging behaviors of all children.

Refer to Appendix A for the breakdown of Consultation services by type.

Program Objectives

The Start Well program's objectives include:

1. Early Care and Education (ECE) providers deliver research-based practices which promote children's social and emotional development, prevent challenging behaviors, and identify early mental health needs.
2. Parents and ECE providers have a strong responsive relationship with each other to support the social and emotional development and mental well-being of children.
3. Parents understand social and emotional development and can support their children's mental health needs.
4. Children have access to responsive adults in a nurturing environment to develop their resiliency.
5. The systems that support children are more closely integrated and linked.

Methodology

This report provides information on the sites served by Start Well throughout fiscal year 2022-23 (July 1, 2022, through June 30, 2023). We use the Program Objectives laid out above to document Start Well's successes and challenges emerging from the Infant and Early Childhood Mental Health Consultation Services model. Our aim is that the information provided in this report is used to drive program improvement and support for future Start Well cohorts.



This report is loosely based on the Results-Based Accountability™ (RBA) framework developed by Mark Friedman. The RBA framework can assist Start Well with documenting and measuring its efforts and impacts by answering the following questions:

- How much did Start Well do?
- How well did Start Well do it?
- Is anyone better off? Moreover, as a result of participating in Start Well, are ECE sites and programs better equipped to handle children in their care who are displaying ongoing, challenging behaviors?

Figure 2: RBA Framework

	Quantity	Quality
Effort	How much did we do?	How well did we do it?
Impact	Is anyone better off?	

The primary source of data for this report is Start Well’s QuickBase database system and includes Surveys, Early Childhood Benchmarks of Quality (EC-BoQ), and Direct Child Observations. In general, this report compares pre-test mean scores to post-test mean scores as the sample size is not large enough to complete an analysis of statistical significance. Data in this report are based on data available for the desired outcomes under review. Sample sizes will therefore vary.

Surveys

The data presented in this report represent responses from the Start Well program sites via surveys to directors/administrators (Provider Survey) and teaching staff (Teacher Survey) OR FCCH providers (FCCH Survey) administered before IECMH consultation services began (pre-test), midway through services (mid-test—for Providers only), and after weekly services end (post-test).

The Parent Survey is administered only one time, at the end of services. The Parent survey asks a series of questions regarding parents’ relationship with their child’s provider, their own perceptions of their child’s behavior, ability to support their child’s social and emotional development, and overall experience of the Start Well program.

Figure 3: Number of Surveys Received, by Type

TYPE	NUMBER OF SURVEYS		
	PRE	MID	POST
Family Child Care Homes (FCCH)	2*	N/A	2*
Providers	33	3*	30
Teachers	182	N/A	123
Parents	N/A	N/A	53

* Due to low responses (less than five), data are not presented for FCCH pre- or post-, or the Provider mid- survey.

Copies of the 2022-2023 surveys available upon request.



Early Childhood Benchmarks of Quality

In addition to surveys, the EC-BoQ, developed by the Pyramid Model, are used by childcare programs, home visiting programs and leadership teams to assess their level of implementation of evidence-based practices. The benchmarks are designed to help programs navigate their state of implementation on 21 standards across seven critical areas:

- 1) Behavior Support Team
- 2) Staff Buy-In
- 3) Family Engagement
- 4) Program-Wide Expectations
- 5) Responding to Problem Behavior
- 6) Staff Support Plan
- 7) Monitoring Implementation and Outcomes

Programs are scored on a 3-point scale: not in place (1), needs work (2), and in place (3).

Thirty-two sites completed the EC-BoQ pre-assessment, and 39 sites completed the EC-BoQ post-assessment during the reporting period. Some sites likely completed their pre-assessment measure before the start of the reporting period.

Only three Family Childcare Homes completed the EC-BoQ assessment, and all were post-, meaning it is likely that the pre-assessment measure was taken prior to the reporting period. Due to the low number of FCCH with EC-BoQ assessments, these data are not reported.

Direct Child Observation

Direct child behavior data was collected using the Child Behavior Rating Scale for those students who were engaged in an individual behavior support plan and received child or family level consultation. The Child Behavior Rating Scale includes:

- **Desirable Behavior:** Scoring is based on 1 being the least desirable behavior and 5 being the most desirable behavior. Thus, for this measure, we would expect to see an increase in mean score between pre and post.
- **Challenging Behavior:** Scoring is based on 1 being the least challenging behavior and 5 being the most challenging behavior. Thus, for this measure, we would expect to see a decrease in mean score between pre and post.
- **Engagement:** Defined as the child doing what they are expected or supposed to be doing, such as being engaged in group or independent play activities. Scoring is based on 1 being the least engaged and 5 being the most engaged. Thus, for this measure, we would expect to see an increase in mean score between pre and post.
- **Social Skills:** Defined as appropriate interactions and responses to others including sharing, exchanging items, and initiating interactions with others. Scoring is based on 1 being the lowest social skills and 5 being the highest social skills. Thus, for this measure, we would expect to see an increase in mean score between pre and post.

There were 12 children with direct observation data.



HOW MUCH DID START WELL DO?



During FY 2022-23, **47** sites were enrolled in the Start Well program and **858** providers and staff participated in services. More than 6,800 children from over 5,500 families benefitted from services either directly or indirectly as a result of their childcare program’s participation. Two programs that enrolled in Start Well during FY 2022-23 dropped from the program and did not complete the service. Their reasons for doing so are unclear. A full list of the units of service completed can be found in Appendix B.

What was the population served by Start Well?

Start Well asks both providers (directors/administrators) and teachers to answer basic demographic questions to gather data on those who participate in the program. Demographic information was collected from 32 providers and 182 teachers. In general, most providers and teachers are between 26-59 years old, speak English as the primary language and are White/ Caucasian.

Table 4: Demographic Profiles of Providers and Teachers Enrolled in Start Well

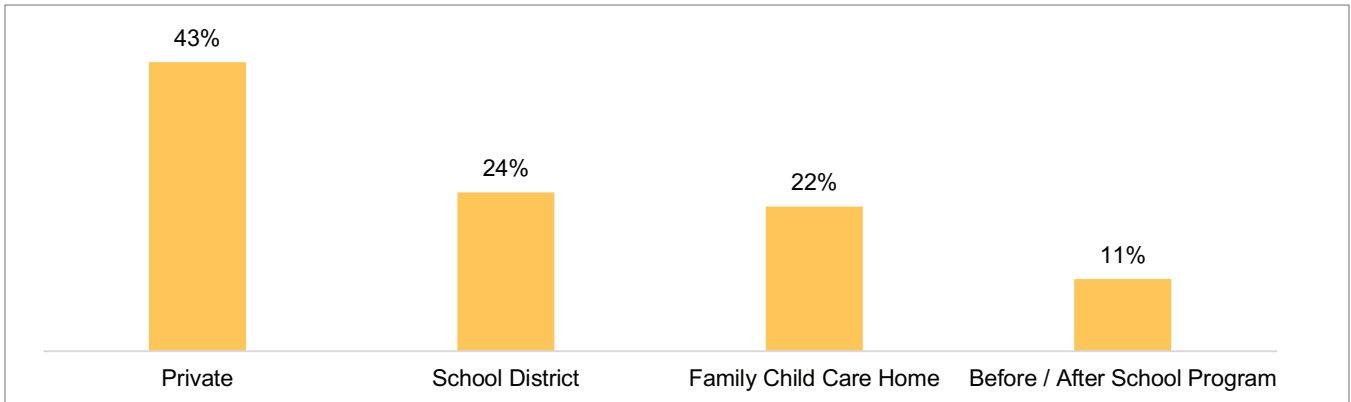
		PROVIDERS	TEACHERS
Number of records		32	182
Age	16 - 25 years	9%	19%
	26 - 59 years	81%	70%
	60+ years	0%	8%
	Decline to answer	9%	3%
Language	English	81%	71%
	Spanish	6%	15%
	Other	3%	7%
	Decline to answer	9%	7%
Race / Ethnicity	White/Caucasian	56%	41%
	Latino/Hispanic	16%	34%
	Asian/Pacific Islander	16%	10%
	Other	0%	6%
	Decline to answer	13%	10%



What Types of ECE Programs were served?

A plurality of the sites enrolled in Start Well in FY 2022-23 were private preschool programs (43%) followed by school district-based preschool programs (24%).

Figure 5: Start Well Sites, by Type



Where are the sites located?

The 47 site locations that enrolled in Start Well in FY 2022-23 spanned 20 cities throughout Orange County. The city of Anaheim had the highest number of new enrollments (19%) followed by Santa Ana, with 13% of new enrollments. The locations of Start Well sites participating in the program during the data collection period are depicted in the map below.

Figure 6: Start Well Sites, by Location



What type of support was provided?

In FY 2022-23, more than 2,100 consultations were provided, with more than 2,500 hours of consultation services. By far, the greatest number of visits/hours were at the system level, looking at impacts of organizational system of care.

Figure 7: Consultations and Hours, by Type of Visit

TYPE OF CONSULTATION VISIT	LEVEL OF SERVICE	# OF CONSULTATION VISITS	# OF HOURS
System Consultation	Impacts organizational system of care	1,167	1,212
Program Consultation	Impacts programmatic practices	328	426
Classroom Consultation	Impacts individual classroom practices	303	400
Individual Child/Family Consultation	Impacts Individual Child Level/Family services (including PC-Care)	381	476
Total Consultation Services		2,179 Consultations Provided	2,514 Hours of Consultation Services



HOW WELL IS START WELL DOING IT?

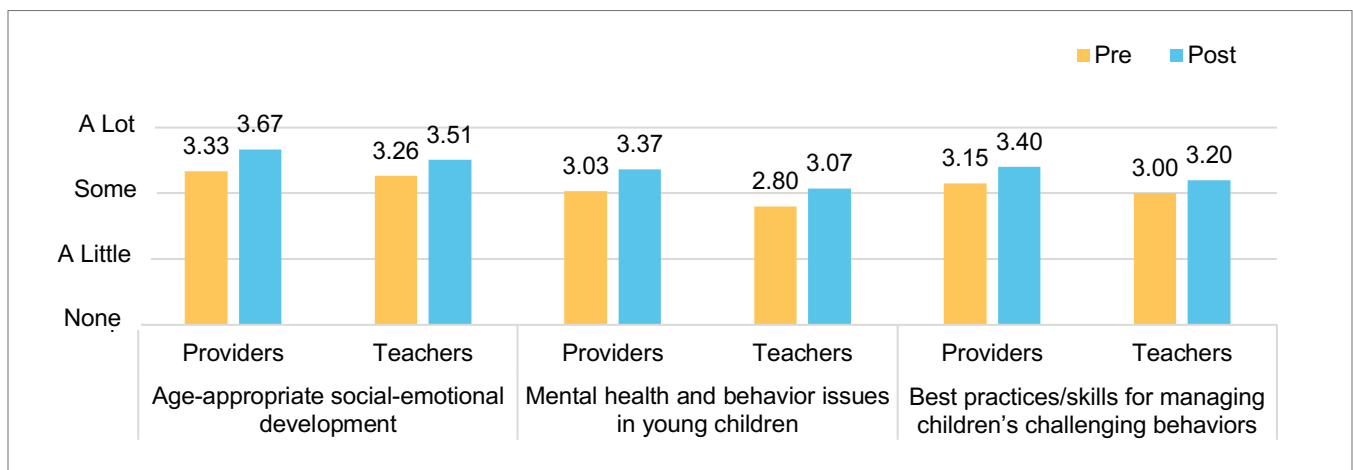


This section addresses the question, “How well is Start Well doing it?”, by framing the questions to be addressed using objectives 1-3 and objective 5, as laid out on page 7 above.

Objective 1: ECE providers deliver research-based practices which promote children’s social and emotional development, prevent challenging behaviors and identify early mental health needs

In general, there appears to have been an increase in ECE providers’ understanding of children’s social-emotional development and mental health. Providers (directors/administrators/owners) had the largest improvement in their knowledge of age-appropriate social-emotional development (from 3.33 at pre to 3.67 at post); knowledge of mental health and behavior issues in young children (from 3.03 at pre to 3.37 at post); and knowledge of best practices/skills for managing children’s challenging behaviors (3.15 at pre to 3.40 at post).

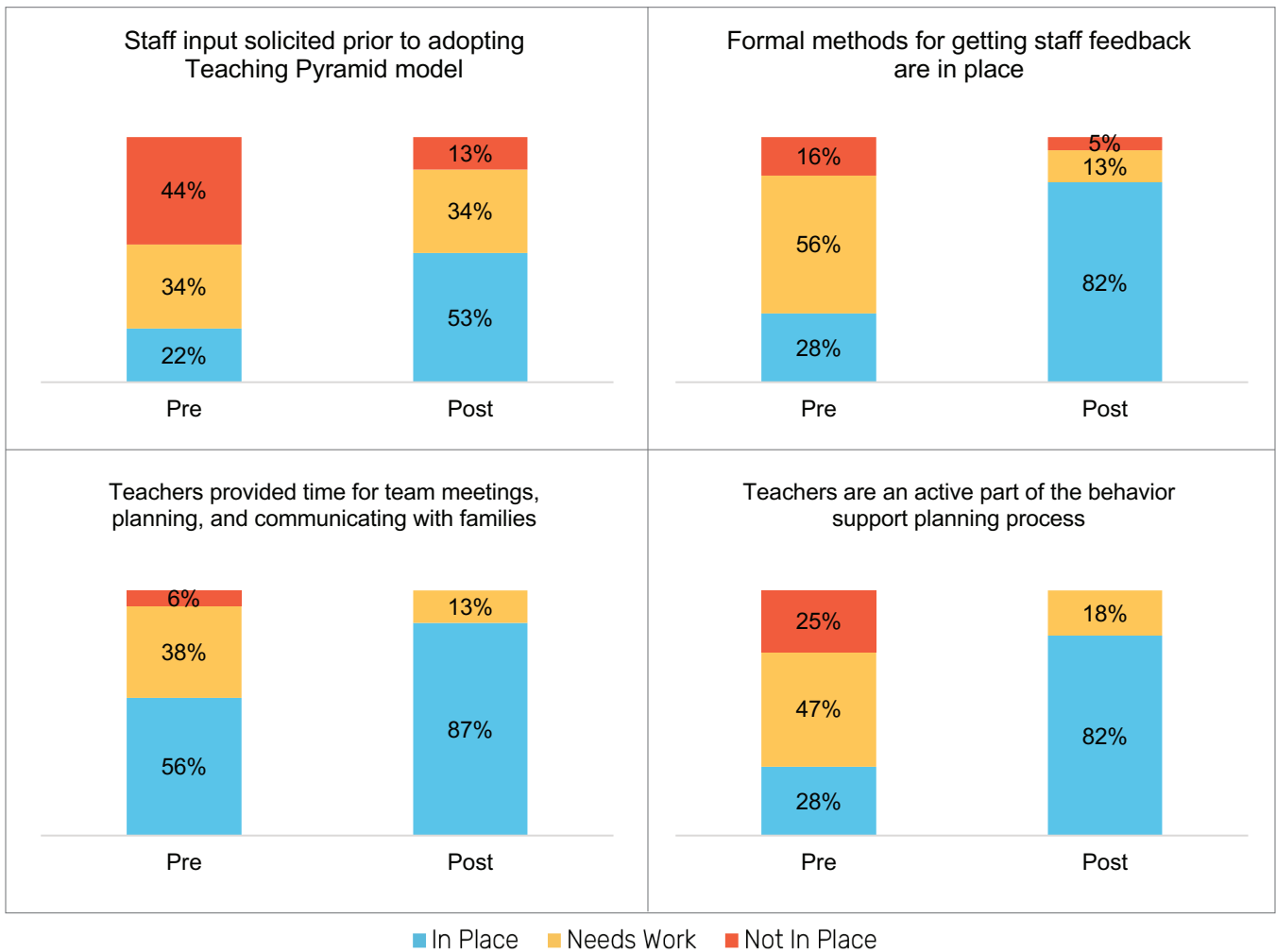
Figure 8: Provider and Teacher Knowledge of...



In a review of Start Well’s EC-BoQ, there were substantial improvements made at the post-assessment. For instance, at the pre-, only 28% of sites indicated that teachers are an active part of the behavior support planning process and 25% indicated that this was not in place. At the post-assessment, more than 80% of sites actively engaged teachers in the planning process and all sites had this benchmark at least partially in place. An area that could use some support is receiving staff input prior to adopting the Teaching Pyramid model, as at the post-assessment, 13% of sites still were not soliciting staff input. In addition, at the post-assessment, 5% of sites still did not have formal methods in place for getting staff feedback.

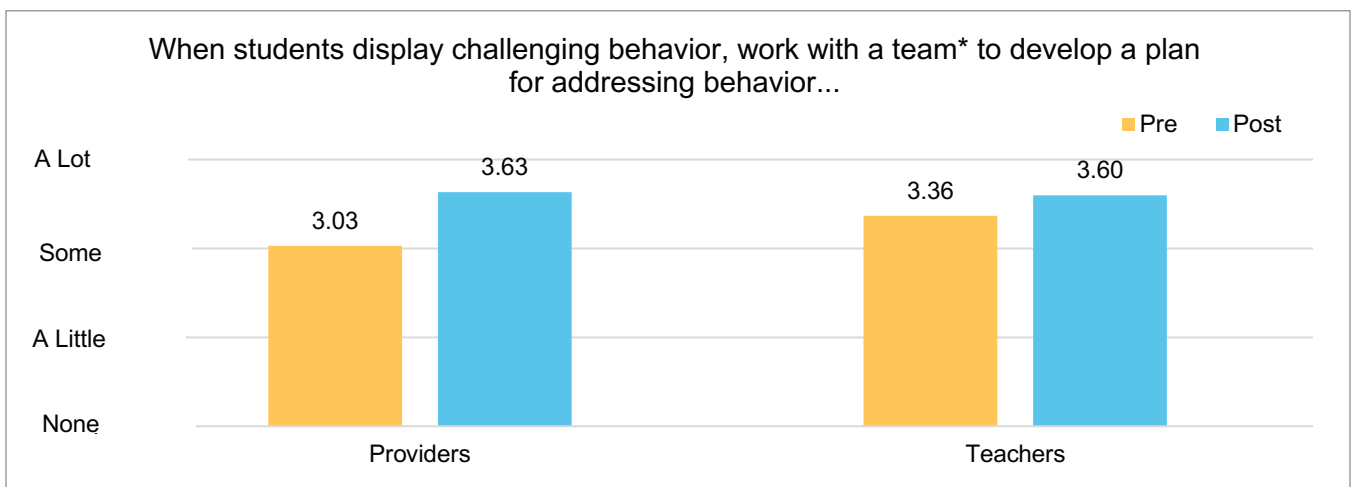


Figure 9: Early Childhood Benchmarks of Quality: Staff Buy-in



Overall, between pre- and post-surveys, there was an improvement in providers and teachers working with a team to develop a plan for addressing behavior.

Figure 10: Challenging Behavior

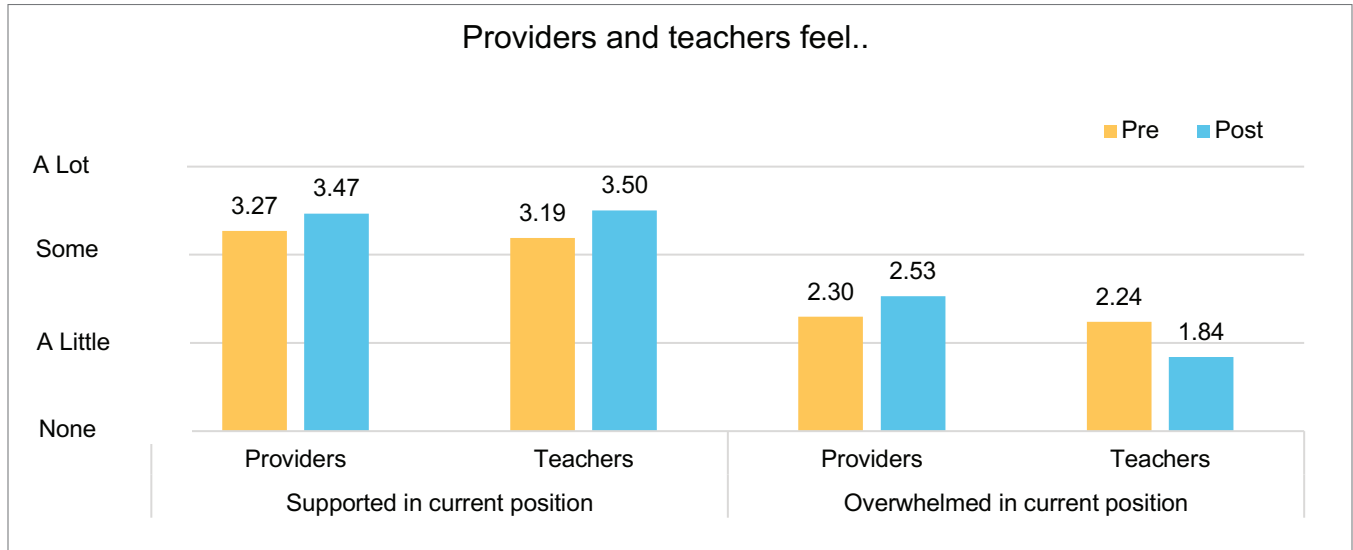


*Team includes Consultant, Teacher, and Provider



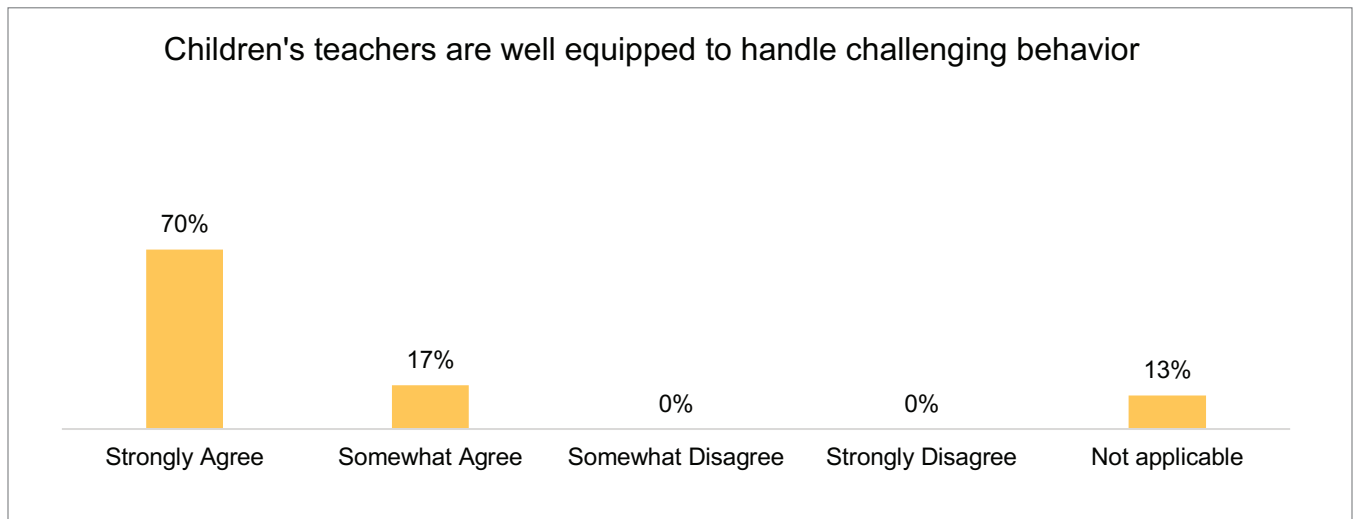
In addition, there was an improvement in providers' confidence in promoting a positive classroom climate, from 3.52 at pre-survey to 3.83 at post-survey (no chart provided). There was also an improvement in providers and teachers feeling supported in their current position. However, more providers were feeling overwhelmed at the post-survey than did in the pre-survey.

Figure 11: Provider and Teacher Feedback



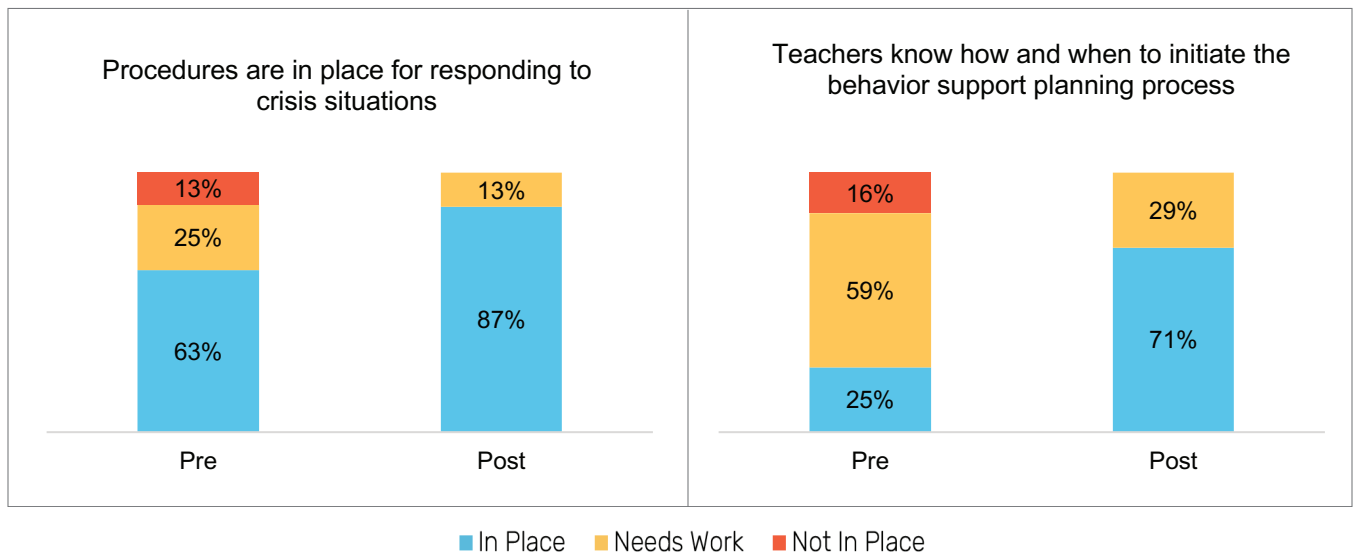
From parents' perspective, all the parents who responded to the survey agreed that their child's teacher(s) were well-equipped to handle challenging behavior.

Figure 12: Parents' Perspective on Teachers' Ability to Handle Challenging Behavior



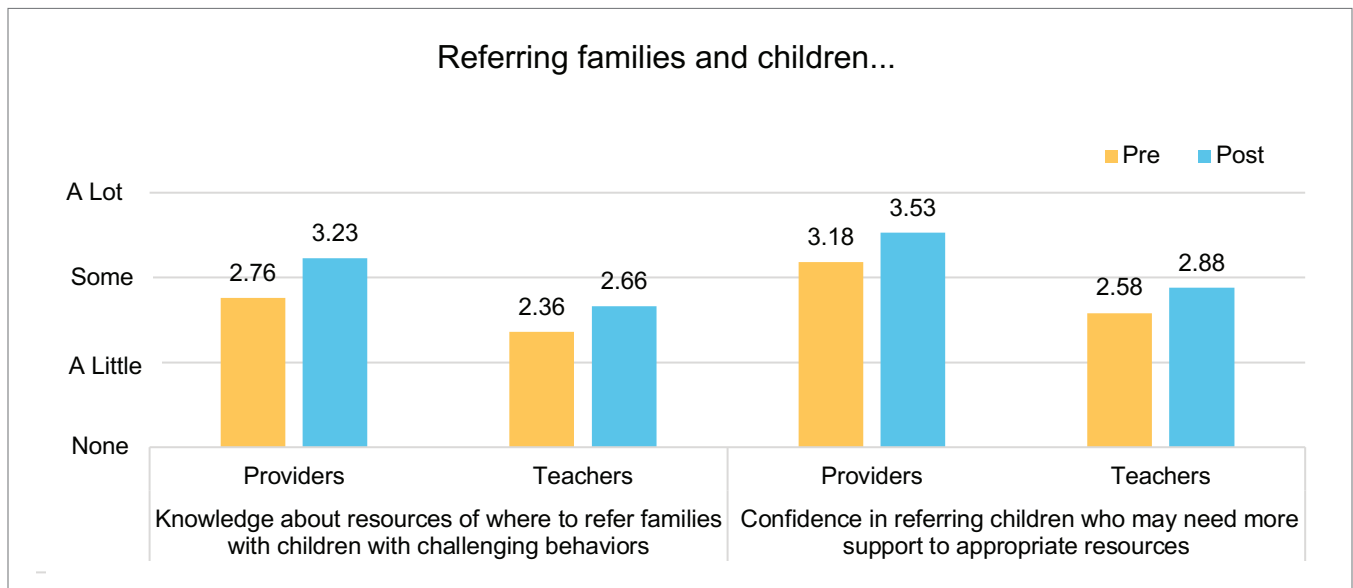
In a review of the EC-BoQ, for 87% of sites, procedures are now in place for responding to crisis situations. And for 71% of sites, teachers now know how and when to initiate the behavior support planning process.

Figure 13: Early Childhood Benchmarks of Quality: Procedures for Responding to Problem Behavior



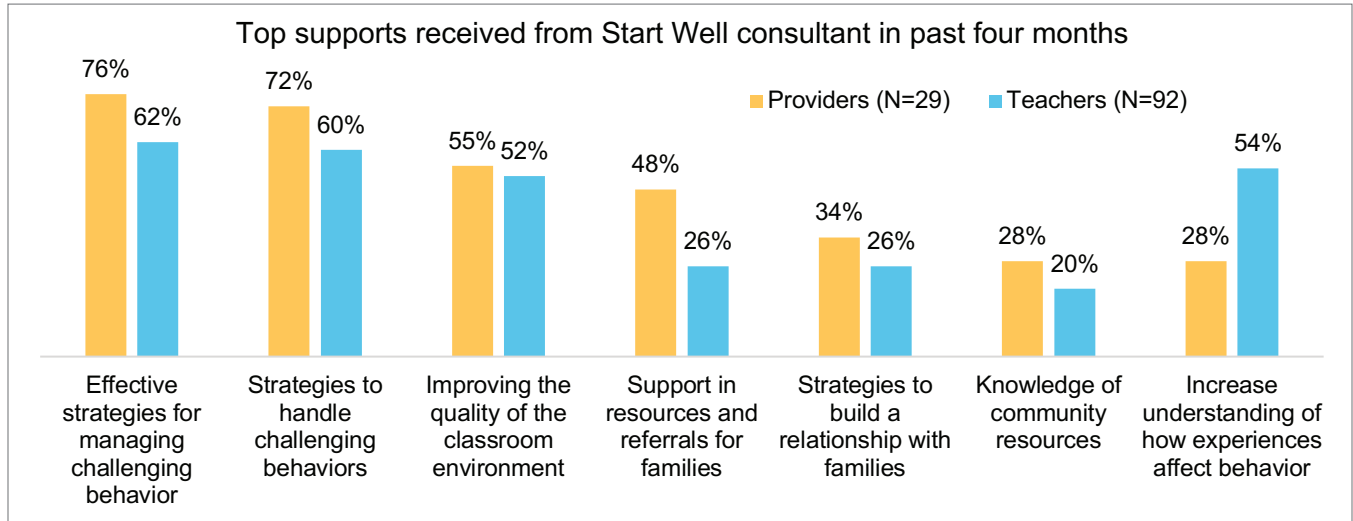
And finally, it appears that Start Well participants are better able to identify and refer children who may have additional needs. Between pre- and post-surveys, more providers and teachers had knowledge about the resources of where to refer families, as well as more confidence in referring children who may need more support.

Figure 14: Providers' and Teachers' Perspective on Referring Children



Providers and teachers both indicated that one of the top three most helpful supports they received from their Start Well Consultant was effective strategies for managing challenging behavior (76% and 62%, respectively). Note that providers and teachers were asked if they received support from a Start Well consultant in the last four months. For those who said yes, they were then asked to identify and select the top three most helpful supports they received from their consultant. Thus, totals equal more than 100%.

Figure 15: Top Supports Received



Referrals and Outreach

In FY 2022-23, Start Well initiated services with 47 ECE and/or Expanded Learning programs and worked with a total of 68 programs (total programs include those initiated before 22/23 FY). Start Well received a total of 97 referrals, 78 of which were direct referrals to Start Well. The remaining 19 included referrals that were not aligned with Start Well services and therefore were not invited to enroll in services. Of the 78 referrals received, 60% ended in initiation of services. Referrals to Start Well came from the following agencies/organizations:

- Start Well website (38%)
- ECE program referrals (35%)
- Help Me Grow (9%)
- Quality Start OC/OCDE (8%)
- Regional Center of Orange County (6%)
- Other (4%)

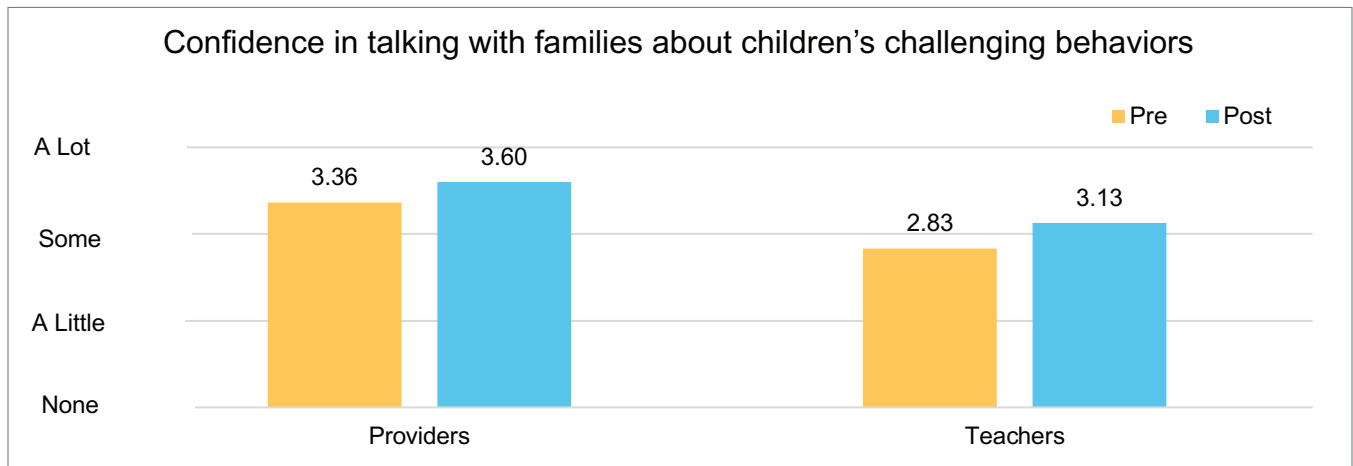
Start Well’s QuickBase system tracks the types of referrals and follow-ups to linkages. Start Well consultants facilitated 24 referrals to agencies for further mental health supports, including school districts for assessments, clinical services for child/family, and referrals to the QRIS system. These 24 referrals had a 75% linkage rate. Tracking occurs anytime Start Well Consultants refer a child, parent/family, or teacher provider to an outside agency for additional supports (child, parent/family, or teacher/provider). The program also tracks the type of service being referred to, any pertinent notes, date of referral, date linked, and three follow-up dates. Start Well participated in 52 outreach events which included community education. Start Well consultants provided over 2,000 infant/early childhood mental health consultations to the 68 programs served during the 2022-23 FY.



Objective 2: Parents and ECE providers have a strong responsive relationship with each other to support the social and emotional development and mental well-being of children

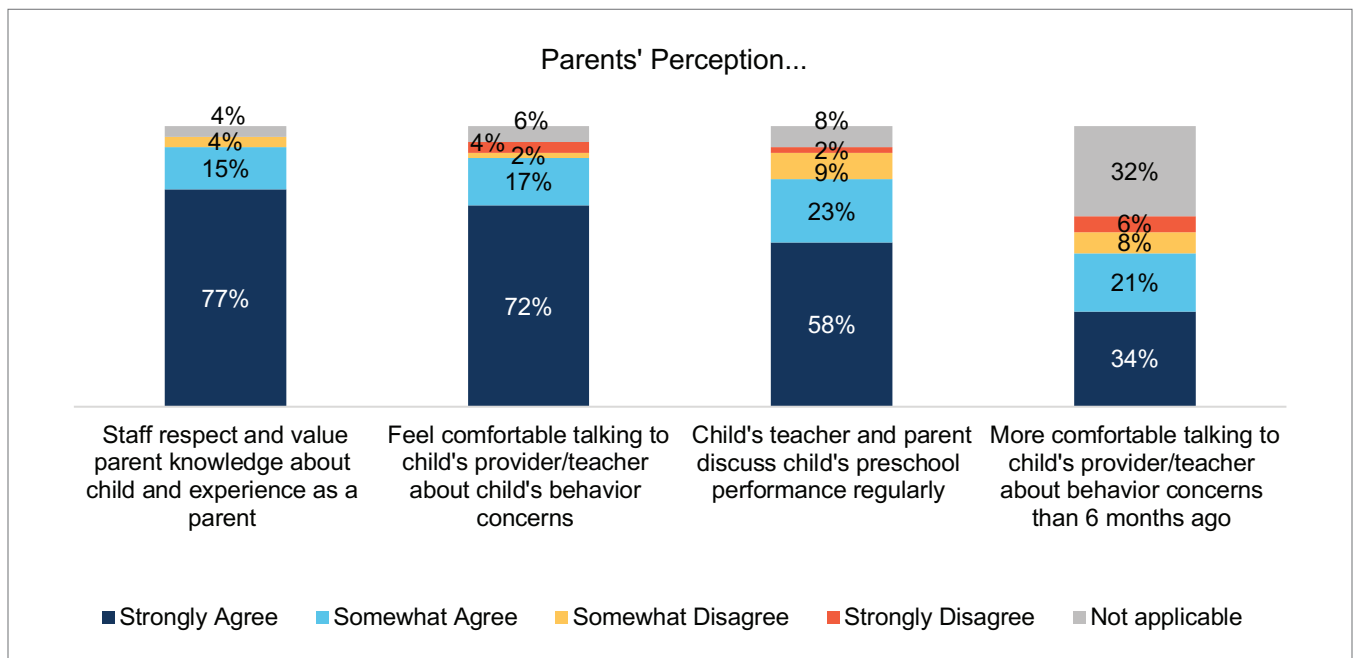
Overall, providers (directors/administrators) reported feeling more confident talking with families about their children’s challenging behaviors at the post survey (3.6 on a 4-point scale). While there was also a growth in teachers’ confidence in talking with families about children’s challenging behaviors, their confidence was lower than providers (3.13 on a 4-point scale).

Figure 16: Providers’ and Teachers’ Confidence



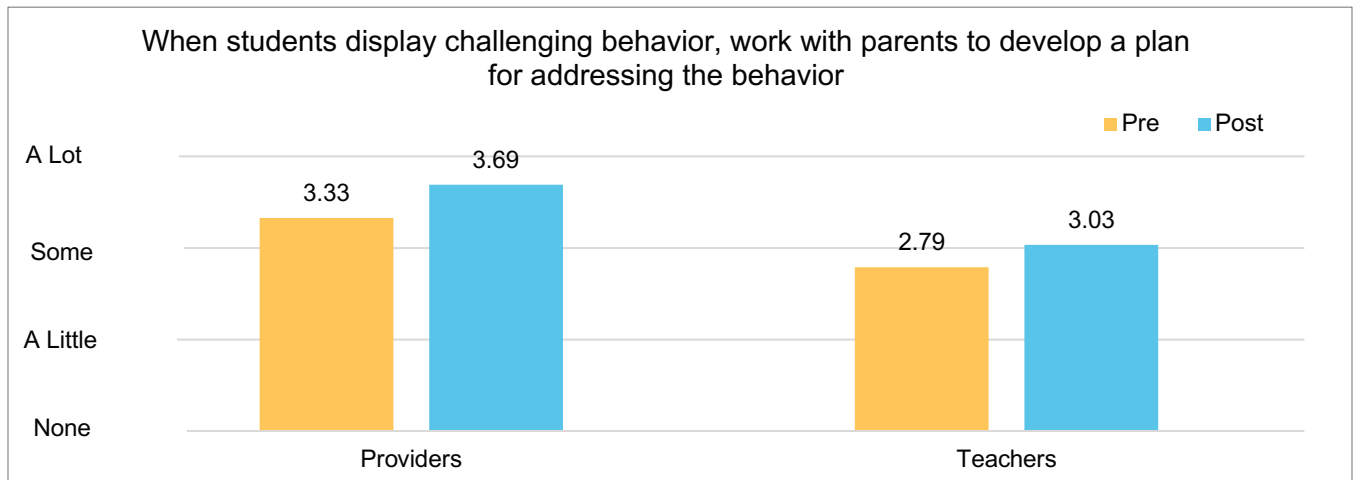
From parents’ perspective, almost all parents agree that the ECE staff respect and value parent knowledge about their child and their experience as a parent. Roughly half of parents feel more comfortable talking to their child’s teacher or provider about their child’s behavior concerns than they did six months ago, though almost one-third of parents selected “not applicable”.

Figure 17: Parents’ Perception around Discussing Difficult Behaviors and Issues with Teachers/Staff



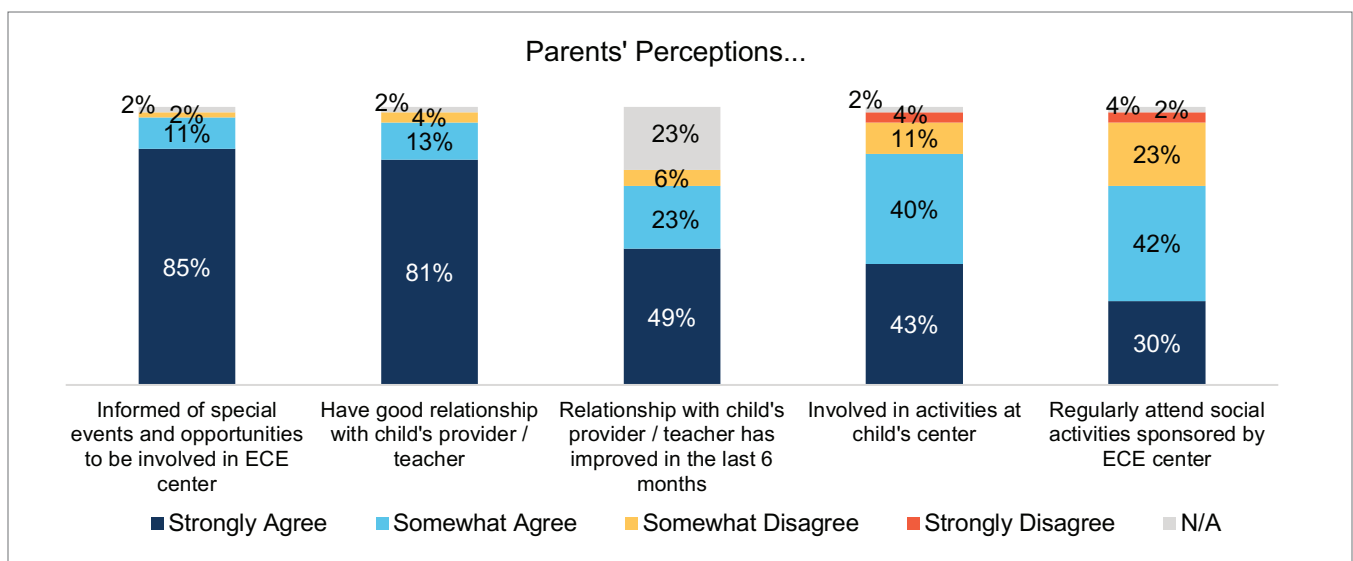
Overall, at the post-survey, providers were working more with parents to develop a plan for addressing challenging behavior when it arises (3.69 on a 4-point scale). While there was also improvement in teachers working with parents to develop a plan to address behavior, they appear to do this less often (3.03 on a 4-point scale).

Figure 18: Providers' and Teachers' Perspective around Challenging Student Behavior



In general, almost all the parents agreed that they are informed of special events and opportunities to be involved in at the ECE center (96%) and have a good relationship with their child's provider (94%). Moreover, 62% of parents strongly agreed that their relationship with their child's provider improved in the past six months and another 29% somewhat agreed. Fewer parents agreed that they regularly attend social activities sponsored by the child's center (25% disagreed).

Figure 19: Parents' Active Participation in ECE Setting

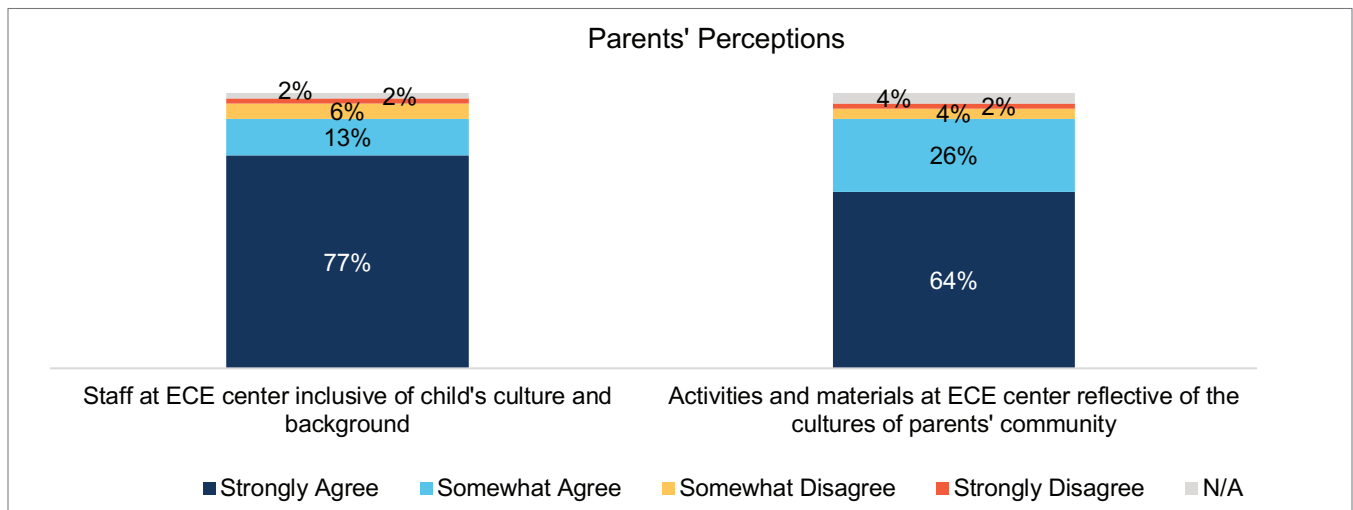


Cultural Competence

More than three-quarters of parents strongly agreed that the staff at their child's ECE center is inclusive of their child's culture and background, while 8% disagreed. Almost two-thirds of parents strongly agreed that the activities and materials at their child's center were reflective of their culture.



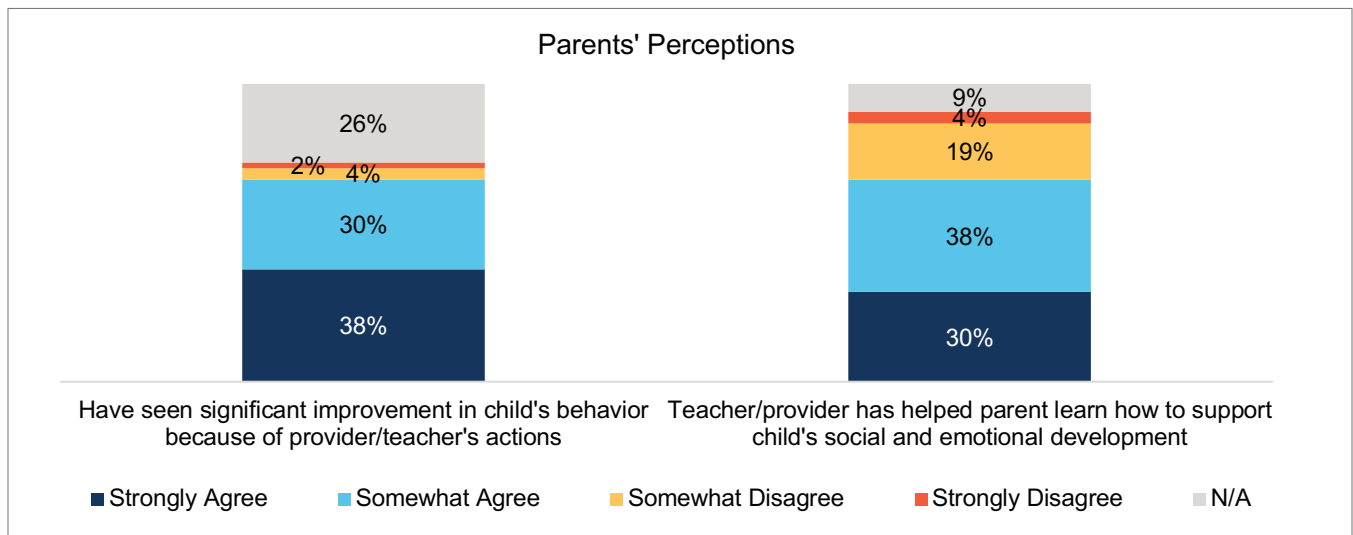
Figure 20: Parents' Perception Around Cultural Competency



Objective 3: Parents understand social and emotional development and can support their children's mental health needs

A plurality of parents strongly agreed that they have seen significant improvements in their child's behavior because of their provider/teacher's actions, while 6% of parents disagreed. A plurality (38%) of parents somewhat agreed that their teacher/provider has helped them learn about how to support their child's social and emotional development and 19% somewhat disagreed.

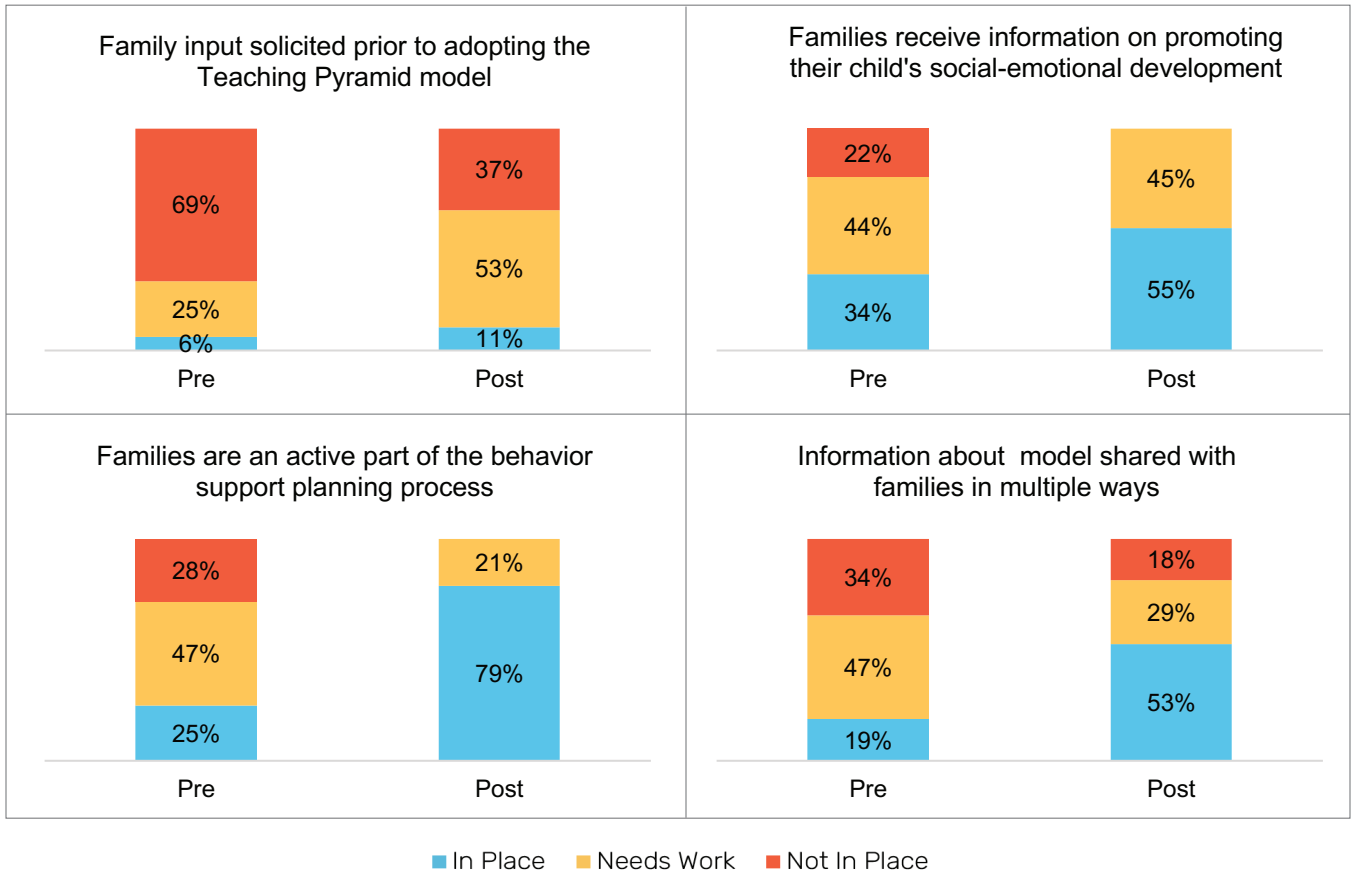
Figure 21: Parents' Awareness around Social and Emotional Development



In reviewing the EC-BoQ, only 6% of sites at the pre-assessment solicited family input prior to adopting the Teaching Pyramid model, while at post this proportion almost doubled (11%) and about half the sites were working on this area. At the post-assessment, most sites (55%) shared information about promoting children's social-emotional development and all sites shared some information (information sharing strategies include newsletters, pamphlets, home visits, open houses). At the post-assessment, most of the sites (53%) shared information with families in multiple ways (letters, parent meetings, conferences, etc), compared with 19% at the pre-assessment.

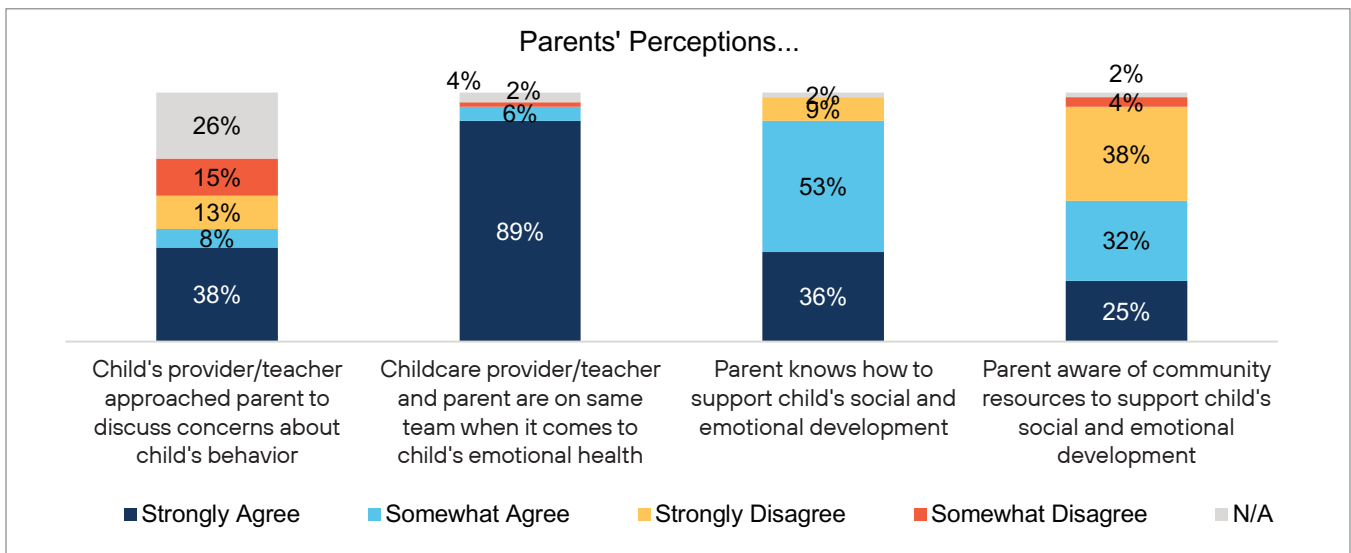


Figure 22: Early Childhood Benchmarks of Quality: Family Involvement



In general, parents feel that they are on the same team as their child(ren)'s teacher/provider when it comes to their child's emotional health, with only one parent disagreeing. Less than half of parents agreed that their child's provider/teacher approached them to discuss concerns about their child's behavior. In general, most parents (89%) agreed that they know how to support their child's social and emotional development while almost one-tenth somewhat disagreed. Fully 40% of parents are not aware of community resources available to support their child's social and emotional development.

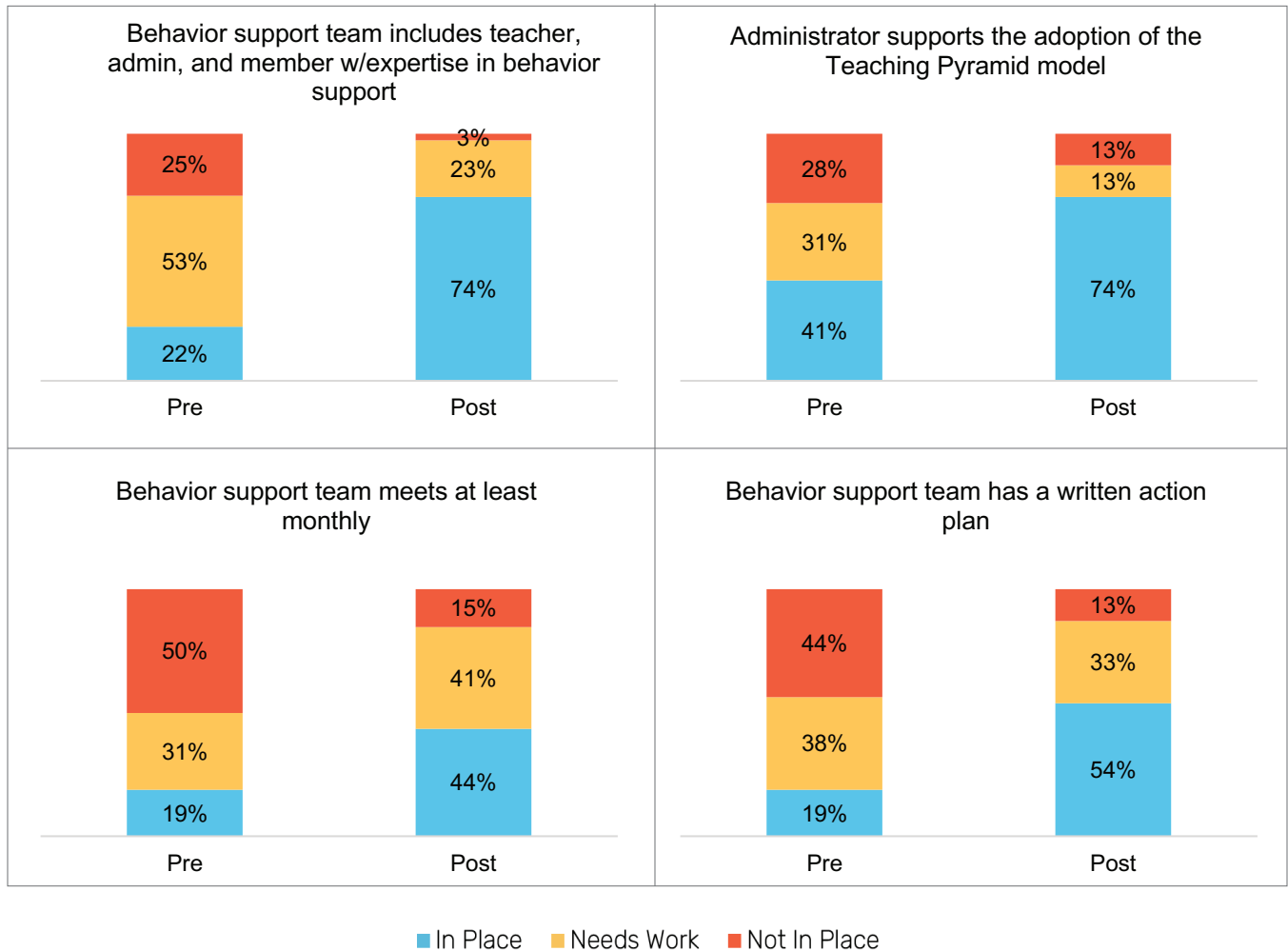
Figure 23: Parents' Understanding of Child's Behavior and Social-Emotional Development



Objective 4: The systems that support children are more closely integrated and linked

On the EC-BoQ, there have been improvements in all areas of the Behavioral Support Team. For instance, at the post-assessment, 74% of sites' behavioral support team includes a teacher, administrator, and a member with expertise in behavior support, up from 22% at pre-assessment. In general, administrators support the adoption of the Teaching Pyramid model (74% at post), but 13% of sites do not have this in place. There has been an improvement in the percentage of sites where the behavior support team meets at least monthly – up to 44% at post from 19% at pre. And more sites now have a written action plan for addressing challenging behaviors. Of the 22 Pre and Post EC-BoQ surveys completed, 100% of the programs demonstrated an improvement or maintained quality social and emotional supports for their children and families.

Figure 24: Early Childhood Benchmarks of Quality: Behavior Support Team



Between FY 2021-22 and FY 2022-23, there have been substantial increases in the number of people served as well as the services provided.

Figure 25: Number of People Served and Services Provided

NUMBER OF...	FY 2021-22	FY 2022-23	% CHANGE
Sites enrolled in program	38	47	24%
ECE providers staff	479	858	79%
Children served	2,416	6,826	183%
Families served	1,858	5,541	198%
Referrals received into the program	69	97	41%
Referrals to other providers	22	27	23%
Successful linkages	10	21	110%



ARE CHILDREN BETTER OFF AS A RESULT OF START WELL?

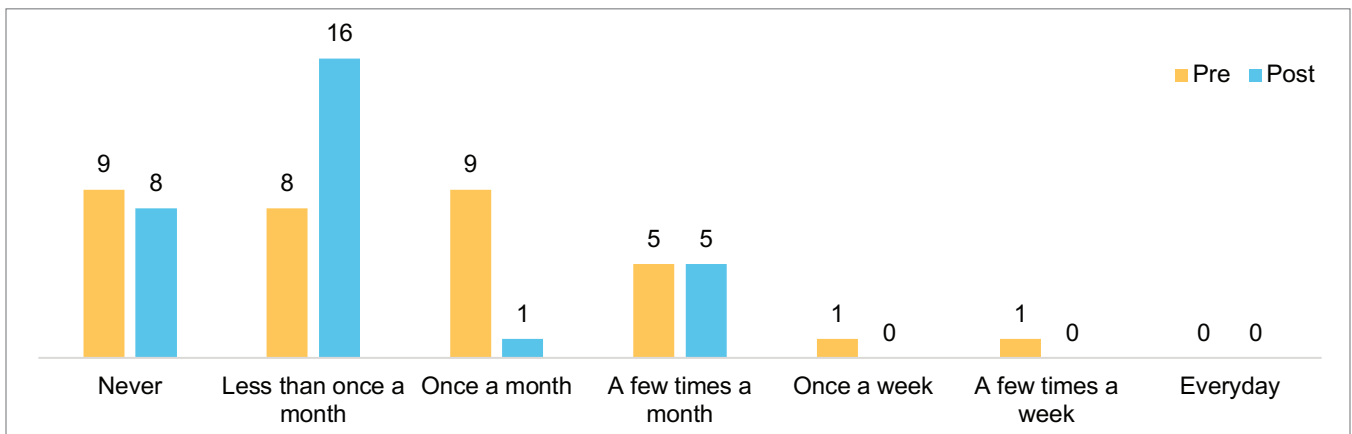


Start Well's Objective 5 supports the exploration of addressing whether children are better off as a result of Start Well program and services.

Objective 5: Children have access to responsive adults in a nurturing environment to develop their resiliency

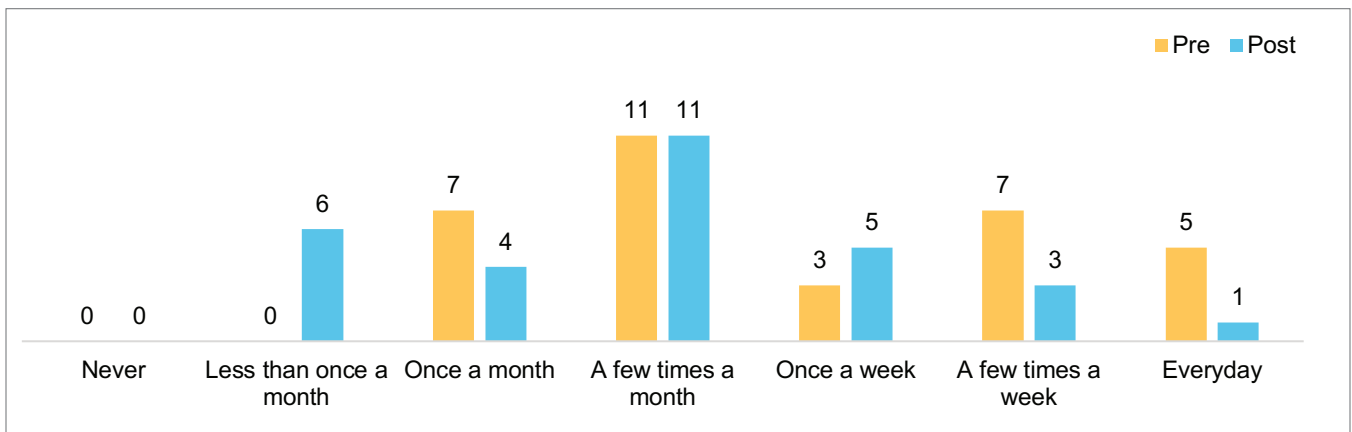
There has been a reduction in the proportion of children whose providers (directors/administrators) indicated were engaged in ongoing, persistent and challenging behavior—from 10% of children at the pre-survey to 7% in the post-survey (no chart provided). In addition, there has been an overall reduction in the frequency of providers calling families to pick up their child due to persistent, challenging behaviors.

Figure 26: Frequency of Calling Families to Pick Up Child due to Ongoing, Persistent Challenging Behaviors in Past Six Months



There has also been a decline in the frequency of administrators being called in to assist a staff member with a student displaying challenging behavior. While at the pre-survey, 12 providers indicated they were being called in a few times a week or every day to assist with challenging behavior, at the post-survey, only 4 providers indicated as such.

Figure 27: Frequency of Being Called in to Assist a Staff with Student Displaying Challenging Behaviors



There has also been a decline in the frequency of administrators being called in to assist a staff. The Child Behavior Rating Scale collects direct child behavior data for those students who were engaged in an individual behavior support plan and received child or family level consultation (See Methodology section for background).

Figure 28 below reflects the average scores received from 13 pre-tests and 12 post-tests. The differing numbers are due to one post-test not having a program ID affiliated with the entry and three pre-tests not having a post-test entry during the data period to match.

All four child outcome areas showed improvement in scores. Desirable Behavior went up by almost two points, demonstrating the largest growth. Engagement and Social Skills also showed improvement with jumps of 1.2 and 1.0, respectively. Challenging Behavior decreased by 1.5 also showing improvement. The average number of weeks a child participated in an individual behavior support plan and received child or family level consultation was 8.5 weeks.

Figure 28: Child Behavior Rating Scale Average Scores

	DESIRABLE BEHAVIOR	CHALLENGING BEHAVIOR	ENGAGEMENT	SOCIAL SKILLS
Pre-Test	2.0	3.8	2.2	2.1
Post-Test	3.9	2.3	3.4	3.1



SUMMARY



Overall, it appears that Start Well sites have made progress in both their classroom practices and their providers' and teachers' ability to support children's social-emotional development.

Figure 29 depicts the mean scores across survey items for each of the EC-BoQ's seven critical areas (see Methodology for more details). Each area saw improvement from before receiving IEMHC services to after receiving services by at least 0.4 points. At the post-assessment, all seven critical areas scored out of the "Not in Place" range, indicating that most sites had at least begun to implement evidence-based practices in their classrooms.

Figure 29: Early Childhood Benchmarks of Quality Critical Areas, Average Scores

	BEHAVIOR SUPPORT TEAM	STAFF BUY-IN	FAMILY ENGAGEMENT	PROGRAM-WIDE EXPECTATIONS	RESPONDING TO PROBLEM BEHAVIOR	STAFF SUPPORT PLAN	MONITORING IMPLEMENTATION AND OUTCOMES
Pre-Test	1.9	2.1	1.8	2.1	2.2	1.7	1.6
Post-Test	2.5	2.6	2.2	2.5	2.8	2.3	2.2

Recommendations

The following recommendations are based on areas in this report that had lower scores (in the "none" or "a little" category at the post-survey, or in the "not in place" on the EC-BoQ post-assessment).

Referrals:

- Engage teachers to provide them with information about knowing about community resources and ways to refer families with children with challenging behaviors.
- Support teachers so that they can work with families to inform them of community resources to support their child's social and emotional development.

Understanding Social and Emotional Development:

- Support teachers in understanding mental health and behavioral issues in young children.
- Where appropriate, work with teachers so that they can then work with parents in learning about ways to support their child's social and emotional development.

Teaching Pyramid model:

- Support sites in soliciting staff and family input prior to adopting Teaching Pyramid model.
- Support sites in sharing information with families regarding the Teaching Pyramid model.
- Support sites in exploring ways for the Behavioral Support Team to meet at least monthly, develop a written action plan, and support adoption of the Teaching Pyramid model.



APPENDIX A: CONSULTATION VISIT BREAKDOWN, FY 2022-23



TYPE OF CONSULTATION VISIT	LEVEL OF SERVICE	# OF CONSULTATION VISITS	NUMBER OF HOURS
System Consultation	Impacts organizational system of care	1,167	1,212
Program Consultation	Impacts programmatic practices	328	426
Classroom Consultation	Impacts individual classroom practices	303	400
Individual Child/Family	Impacts Individual Child Level/Family services (including PC-Care)	381	476
Total Consultation Services		2,179 Consultations Provided	2,514 Hours of Consultation Services



APPENDIX B: UNITS OF SERVICE



UNITS OF SERVICE	JULY 1, 2022 – JUNE 30, 2023
Number of sites enrolled in program	47
Number of ECE providers staff	858
Number of children served	6,826
Number of families served	5,541
Number of referrals received into the program	97
Number of referrals to other providers	27
Number of successful linkages	21
Direct Consultation Services for Children	251

